

FORM INS-1

013001100

MAINE REVENUE SERVICES

ESTIMATED QUARTERLY RETURN PREMIUM AND/OR WORKER'S COMPENSATION INSURANCE TAX

Account ID No.	Period Begin	Period End	Due Date
Entity Information			
1. Quarterly Payment	a. PREMIUM	1a.\$ L	<u></u>
	b. WORKER'S COMP	1b.\$	<u></u>
	c. TOTAL (line 1a plus line 1b)	1c.\$ L	<u></u>
2. Less: Prior Credit (if any)		2. \$ L	
3. TOTAL Remittance with R	eturn (line 1c less line 2; if less than zero, enter zer	o) 3. \$	
DATE		RV	
TEL*Must be signed by the Pres	sident, Treasurer, Secretary, Chief Accounting Officer, o	*TITLE or Attorney-in-fact of a Reciprocal Ins	· · · · · · · · · · · · · · · · · · ·
CONTACT PERSON			
SPECIFIC INSTRUCTI	ONS		
	nt. For each of the first and second quarters, this l	ine should equal 35% of total lial	oility. For the third quarter, this line

Line 1: Quarterly Payment. For each of the first and second quarters, this line should equal 35% of total liability. For the third quarter, this line should be 15% of total liability.

INTEREST & PENALTY

Annually, the State Tax Assessor establishes the interest rate by rule.

The penalty for failure to file a return is the greater of \$25 or 10% of the tax due, unless the return is filed more than 30 days after the receipt of a demand notice from the State Tax Assessor, in which case the failure to file penalty becomes 100% of the tax otherwise due.

The penalty for failure to pay a tax liability timely is the greater of 1% of the outstanding liability for each month or fraction thereof during which the failure continues to a maximum of 25% of the outstanding liability.

ADJUSTMENT

If reconciliation return shows overpayment, subtract amount of overpayment from first quarter payment.

REMITTANCE MUST ACCOMPANY RETURN. MAKE CHECK PAYABLE TO: TREASURER, STATE OF MAINE, SEND CHECK TO MAINE REVENUE SERVICES, P.O. BOX 1064, AUGUSTA, ME 04332-1064. This return is made in compliance with the provisions of Title 36, M.R.S.A. § 2521-A.

	Office use only
Rev. 4/01	,